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COOPERATION BETWEEN THE UNITED NATIONS AND THE ORGANIZATION OF AFRICAN UNITY

Letter dated 31 August 1993 from the Permanent Representative of the United Republic of Tanzania to the United Nations addressed to the Secretary-General

I have the honour to request that you arrange for the distribution of the African Regional Nutrition Strategy (1993-2003), adopted by the Assembly of Heads of State and Government of the Organization of African Unity at its twenty-ninth ordinary session, held at Cairo from 28 to 30 June 1993 (see annex), as an official document of the General Assembly, under item 43 of the provisional agenda.

(Signed) Anthony B. NYAKYI
Ambassador
Permanent Representative of the
United Republic of Tanzania and
Chairman of the African Group
for the month of August

* A/48/150 and Corr.1.

ANNEX

African Regional Nutrition Strategy (1993-2003), adopted by the Assembly of Heads of State or Government of the Organization of African Unity at its twenty-ninth ordinary session, held at Cairo from 28 to 30 June 1993

TABLE OF CONTENTS

		Page
I.	INTRODUCTION	3
II.	BACKGROUND AND JUSTIFICATION	4
III.	ANALYSIS OF THE PROBLEMS AND CAUSES	7
IV.	OBJECTIVES OF THE AFRICAN REGIONAL NUTRITION STRATEGY (ARNS)	11
V.	STRATEGIES	11
VI.	PLAN OF ACTION	13
	- Operational objectives	13
	- Areas for action	14
VII.	MONITORING AND EVALUATION	30
VIII.	RESPONSIBILITIES IN IMPLEMENTING THE PLAN	31
IX.	PREPARATION FOR AND LAUNCHING OF THE ARNS PLAN	32
X.	MECHANISMS FOR IMPLEMENTATION OF THE ARNS	32
Annex I	List of some frequently seen causes of malnutrition grouped by sector	34
Annex II	Determinants of the food and nutrition situation	35
Annex III	Experiences from recent nutrition programmes	45

INTRODUCTION

1. Over the past decade, the food and nutrition situation in Africa has been characterized by overall inadequate food production and availability, food shortages, famine, unprecedented high rates of population growth, high rates of child and maternal malnutrition, and specific nutrient deficiencies to low dietary intake and parasitic and infectious diseases. The lack of adequate household food security, inadequate care of the vulnerable groups and inadequate access and provision of essential human services like health, education, clean water and sanitation, and housing are the main underlying factors. The root cause of malnutrition is underdevelopment linked to political, economic, ecological and socio-cultural constraints and demographic factors. A large number of interventions to revert this complex situation have been implemented but overall significant results have not been obtained. These interventions have included strengthening of food production, storage practices improvement, nutrition education, donated food distribution, feeding programmes, nutrition rehabilitation schemes, nutrient supplementation programmes and primary health care programmes. Recently some highly successful African integrated community- based nutrition programmes have emerged which can provide lessons for further success.

2. Alarmed by the increasing trend of the prevalence of malnutrition and the extent and severity of the problems and causes; the interagency African Regional Task Force on Food and Nutrition Development established by concerned UN agencies in 1988 decided that a full International Decade on Food and Nutrition in Africa (IDFNA) to address the situation needed to be declared. The Decade was endorsed at the two Regional Pre-ICN meetings held in Dakar and Nairobi in 1992 and it was included in the Plan of Action which emanated from the PREPCOM meeting held in Geneva in August 1992. However, due to recommendations by some participants at the International Conference on Nutrition (ICN), in Rome, the Original Decade Plan has been scaled down to an African Regional Nutrition Strategy. This Strategy document is the final product of a consultative process which has involved all member states of the OAU.

3. . The Strategy Document sets out the assessment of the food and nutrition situation, analyzes the causes and sets out the objectives, goals, strategies and plan of action ,its financial requirements as well as responsibilities at the community, national, regional and international levels.

4. The International Decade on Food and Nutrition comes as a timely response to the worsening food and nutrition situation. African countries are, therefore, prepared to commit as much as possible their domestic resources and potentials and seek the support of the international community, donors and NGOs in order to achieve the Decade's objectives.

II. BACKGROUND AND JUSTIFICATION

5. Data on the food and nutrition situation in Africa are not complete, but the available data show worsening trends over the last two decades. While in some other regions of the world the problems of food and nutrition have shown improving trends over the last two decades, in Africa, the situation in most countries has been deteriorating.

6. Africa is still suffering from a crisis in food and agricultural production and an ever increasing food imports and food aid. Both have been needed to maintain a reasonably constant per capita energy supply.

7. FAO has estimated that half of the low income countries in Africa have food deficits. Though food production increased during the 1980s, it has not succeeded in meeting the food requirements of an ever increasing population. At a growth rate of 3%, Africa's population is the world's most rapidly growing population. As a result the per capita energy intake has remained below the accepted level of 2300 kcal. in 16 countries of the region despite apparent increase in food production. For every one out of three persons, the food intake does not cover the needs. While this proportion has remained the same over the last 20 years, the absolute number of the undernourished people has increased by 27% during the same period (FAO 1992). The absolute numbers have increased from 101 million people in 1969 - 1971 to between 168 - 300 million in 1988 - 1990 (FAO 1992). Even the quality and safety of the available food is often times a matter of concern.

8. Despite the fact that 25% of the continent's 30 million square kms of land is desert, Africa's varied climatic and ecological zones provide great potential for the production of a variety of crops and livestock. Moreover, Africa's 21,000 kms of coastline, the many lakes, rivers and streams provide great potential for fish and marine foods. Africa needs to fully exploit this potential through a variety of strategies to feed her population.

9. UNICEF and WHO have shown that the deteriorating food and nutrition situation in Africa has been manifested by very high rates of malnutrition and maternal and child mortality. The major nutritional problems which have been identified are Protein-Energy Malnutrition, Nutritional Anaemias, Iodine Deficiency Disorders (IDD) and Vitamin A Deficiency (VAD). All of these forms of malnutrition affect mainly children under five years of age although adults especially women are also affected. They all result in increased mortality rates and impaired physical and intellectual development in young children. Their major effect on society is reduced educability of children and reduced productive capacity in adults and thus acting as a major constraint to socio-economic development.

10. About one third of all African children under 5 years of age are malnourished. There were nearly 20 million underweight children in 1975. This number grew to more than 27 million by 1990 and is expected to increase to 36 million by the year 2005. Though the actual number of underweight children is increasing, a slight decline in percentage, from 26 percent to 24

percent, occurred from 1975 to 1990,[1] using the WHO criteria for underweight (more than 2 standard deviations below the median of the reference population). In Sub-Saharan Africa the prevalence of underweight status was 30% in 1990; acute malnutrition (weight for height below median - 2 SD) was 8.4% and that of stunting (height for age below median - 2 SD) was 35%. It should be noted that these data reflect the situation in "normal" times. In some areas, severe man-made or natural disasters have led to extensive undernutrition and even famine - a situation not reflected in these figures.

11. In this pre-school age group, mortality rates are 40 times higher than in the affluent countries. WHO estimates that there are about four million deaths of children under five years in the African region. Malnutrition underlies about 2.5 million of them which is more than 50% of these deaths.

12. Malnutrition in women of reproductive age is reflected in a high prevalence of low birth weight (birth weight less than 2.5 kg) of usually 10-20% or above and high levels of maternal mortality. Maternal mortality is about 60 times that of the affluent countries. The high percentage of home deliveries with no recorded birth weights and maternal deaths may skew these rates even more.

13. **Nutritional Anaemias** are highly prevalent in most African countries, affecting about 50-60% of pregnant women and pre-school children. Current estimates are that over 250 million adults and children are anaemic. The main nutritional cause of anaemia is iron or iron/folate deficiency, particularly due to poor iron absorption from cereal-based diets. Blood loss from hookworm and schistosomiasis and at childbirth all play a major role to aggravate iron deficiency. Malaria also seriously contributes to anaemia. Anaemia is also related to many and closely spaced pregnancies. Anaemia reduces work capacity, with adverse effects on productivity and earnings and on the ability to care for children and the home. In most African countries, severe anaemia is an associated cause in 50% of maternal deaths and the main cause in up to 20% of the same. In addition to these serious implications on women's health, maternal anaemia also contributes to intrauterine growth retardation, low birth weights and increased perinatal mortality. Infancy and childhood nutritional anaemias are associated with significant loss of learning abilities. Anaemia also impairs the immunological ability to resist disease.

14. **Iodine Deficiency Disorders (IDD)** are widespread in Africa, especially in remote mountainous areas. At least 150 million people are at risk in 43 countries. IDD is mainly attributable to iodine deficiency in the soil, foods and the water in endemic areas. IDD affects the development of children at all stages from foetal life to adulthood. It also affects women during their reproductive years, especially during pregnancy. It is associated with impairment

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[1] Source: FAO/WHO: Nutrition and development: a global assessment. (FAO Rome, 1992); and FAO/WHO: Medium- and long-term forecasts of prevalence and numbers of malnourished children: global and regional estimates, WHO Geneva, 1992.

of mental and intellectual functions in children and adults, and in severe cases with deafness and mutism, neuro-muscular disorders, cretinism, increased abortion and stillbirth rates, and perinatal and infant mortality. Because IDD constraints the intellectual development of children and the productive capacity of adults, its effects on socio-economic development is, therefore, enormous.

15. **Vitamin A Deficiency** (VAD) puts at risk about 100 million people in at least 20 countries mostly in the drier parts of the continent. Vitamin A deficiency is the main cause of preventable blindness in childhood and also causes retardation of physical and mental development, and contributes to morbidity and mortality among pre-school children. Recent research has underscored the major physical and social consequences of Vitamin A deficiency.

16. In some of the African countries where the problem of micronutrients is of public health concern, multi-sectoral intervention programmes have been developed. The strategies adopted have been country specific and have generally been a combination of targeted nutrient supplementation, dietary diversification, food fortification (especially salt iodation) and a variety of public health measures including nutrition education.

17. In addition to protein-energy malnutrition and micronutrient deficiencies , chronic diet-related non-communicable diseases such as obesity, cardiovascular conditions and some cancers are increasing dramatically as a result of changes in diet, life-styles and rapid urbanization. These problems are likely to become of major public health concern if the current trends are allowed to continue.

18. Responsibility for Africa's food and nutrition crisis is shared. Foreign advisors and donor agencies have been heavily involved in past food and nutrition efforts along with the African governments themselves. Thus governments and donors alike must be prepared to fundamentally change their thinking in order to revive Africa's deteriorating food and nutrition situation. Although much attention has been given to Africa's failures, a lot can be learnt from its successes.

19. In recent years, a number of highly successful community based multi-sectoral integrated nutrition programmes including micronutrient deficiency control programmes have been implemented in a few African countries, leading to a significant improvement of the nutrition situation (UNICEF and WHO 1991, World Bank, 1992). The success of these programmes are a cause of hope to improve the nutrition situation in the short run and provide lessons for the long term nutrition improvement which the Food and Nutrition Strategy seeks to achieve. Africa must not again loose the opportunity which this hopeful situation provides to press for further viable and sustainable actions. Time has come for Africa to take up the challenge. The declaration of an African Regional Strategy on Food and Nutrition will be Africa's major response to this challenge.

III. ANALYSIS OF THE PROBLEMS AND CAUSES OF THE NUTRITION SITUATION IN AFRICA

Model of a Conceptual Approach

20. Development programmes have to be assessed and evaluated according to the degree to which they improve the quality of life of people, especially the poorest. Improvements in the nutritional status of people should be sought by any development process in the Developing World, nutritional status being one of the indicators of their overall welfare.

21. Programmes and projects are usually aimed at solving problems as identified. It is, therefore, important for the development professionals concerned to agree on the existence and the perceived causes of the problems they are going to address, in order to design the most appropriate intervention measures.

22. Although different analytical approaches and conceptual frameworks for action may be used, the important thing is to agree on the existence of the problem, on its major causes and, subsequently, on the specific actions that need to be taken to ameliorate the situation. Such frameworks need to be flexible enough to accommodate changing situations of the different countries. Fig.1 is a model for such conceptual frameworks for the analysis of nutrition problems in Africa.

23. The model sees malnutrition as the outcome of various processes in society, whose causes may be immediate, underlying, or basic. The immediate causes are grouped into those related to food intake and those related to diseases. The underlying causes are inter-linked and are related to food, care and health. Basic causes are related to various structural and environmental constraints related to social, political, economic, demographic,ecological and organizational factors(Annex 1).

24. The overall economic situation in many African countries where agriculture is the backbone,started to deteriorate in the 1970s and subsequent trends in the 1980s have shown even greater rates of decline. The continent-wide GNP averaged US$275 per capita in 1987. The average economic growth rate was negative: as low as minus 1.7% from 1980 to 1990. The average inflation rate in Sub Saharan Africa was around 10% over the same period. The same period saw a worrisome expansion of poverty especially in rural areas where, according to the World Bank (1990), up to 65% of the population now lives below established poverty lines.

25. As a result of the problems of debt repayment and servicing, there has been an adverse outflow of financial resources from Africa since 1981.Public debt in Africa being high relative to the GNP, affected the growth of food imports and related agricultural inputs. Commercial and export credits dried up; as a result, imports shrunk resulting in a negative multiplier effect on economic output; the fiscal crises that ensued led to deteriorations in the provision of basic services; governments' policy-making began resorting more and more on crisis management.

FIGURE I

CAUSES OF MALNUTRITION AND MORTALITY

(CONCEPTUAL FRAMEWORK)

26. Structural adjustment programmes implemented since the beginning of the 1980's did not bring the expected impact on the economic and social development of most countries in Africa. These programmes among other measures entailed important cuts on expenditures in the public area and social services; thus leading to a reduction of employment opportunities and strongly worsening the overall food and nutrition conditions of the vulnerable groups.

27. Nearly half of the countries of the continent are listed among the Least Developed Countries (LDC) of the world and are chronically "food deficit". Overall, the food production per caput has been declining in Sub Saharan Africa over the past two decades at the rate of about 1% per annum mainly due to:-

- lack of resources for increasing household food production,
- discriminatory land tenure systems,
- poor harvesting techniques and storage facilities, due to limited resources and technological know how,
- poor rural infrastructure and services related to financing, marketing and the required transportation system,
- recurrent emergencies related to natural and man made disasters,
- national agricultural policies not related to improving household food security, and
- inadequate research facilities and dissemination of information to the beneficiaries.

28. In 1990, the population of Africa was estimated at 648 million. Of these, 64% was engaged in agriculture producing their own food and surplus for trade and industry. The average population growth rate currently stands at about 3%. The population has a high dependency ratio since about 45% of the population is under 15 years of age. At this ratio, Africa's population is expected to reach 747 million by 1995. Such a rapid increase in the population is bound to outstrip the carrying capacity of the land and further limits governments' ability to provide essential services.

29. Even though the total cereal production in Africa increased from 46 million tons in 1979 to 84.6 million tons in 1991 this growth in food production lagged behind population growth. Lower per caput food production and food supply/availability resulted in household food insecurity and dependence on food aid.

30. Current development policies in Africa advocate the increased use of energy resources as major inputs into modernization of agriculture and improvement of food production. Due to the current economic crisis in Africa, the energy resources are not easily available due to their high cost. Whenever the resources are available they do not reach the rural farmer in time. Furthermore, even if they reach the farmer in time the likely-hood of improper handling can lead to serious food and nutrition consequences and to serious health hazards caused by chemical residues introduced into the food chain.

31. The high cost of petrol and diesel and poor access roads in Africa are major constraints to the movement of food from areas of surplus production to those of serious food deficits. Similarly, this also hinders the regular transportation of agricultural inputs to the farmers in the rural areas.

32. The majority of rural households still depend on wood as the most important fuel resource for household purposes. Population growth and the resulting increased demand for food have led to increased pressure on forests and woodlands for both fuel and agricultural expansion. This has led to a chain reaction whereby deforestation has resulted into environmental degradation which in turn has adversely affected soil conditions and rainfall patterns. The final result has been increased aridity and desertification, which highly constrain agricultural modernization and improvement in food production in most African countries.

33. Urban growth, caused by the rural exodus of mainly the productive population, is increasing at high rates: 8% per annum, with 24% of the total population now living in urban centres in Sub Saharan Africa. This trend caused by populations exceeding the carrying capacity and by more attractive opportunities in the cities, is responsible for a high labour drain off the land creating important rural labour constraints which have resulted over the years in decreased rural food production.

34. At the family and intra-family level, birth spacing is a major determinant of the nutrition and health of children and mothers. Fewer and more spaced births allow mothers more time for breast-feeding and weaning, and helps prevent anaemia and low birth weights, an underlying cause of malnutrition.

35. Due to low and inefficient institutional capacity and management systems for food and nutrition activities, only a few countries have been able to develop and implement national policies, strategies and plans of action. Regional and sub-regional cooperation is minimal for the same reasons.

IV. OBJECTIVES OF THE AFRICAN REGIONAL NUTRITION STRATEGY (ARNS)

36.	The general objectives of the African Regional Nutrition Strategy are:-
I.	To increase national and household food security
II.	To improve the nutritional status of vulnerable groups in the continent during this decade
III.	To increase awareness among governments of the Region and the international community about the magnitude and nature of the food and nutrition problems, and commitment to allocate resources for improving the situation in Africa.
37.	The specific objectives of the Strategy are, in all countries:
i)	To ensure regional, national and household food security in 10 years
ii)	To reduce protein-energy malnutrition in children under 5 by half, and iron deficiency anaemia in pregnant women by one third, and to virtually eliminate iodine and vitamin A deficiencies[2]
iii)	To reduce the prevalence of low birth weights (below 2.5 Kg) to less than 10%
iv)	To develop programmes for the prevention of diet-related non-communicable diseases in one third of the African countries
v)	To develop collaboration and cooperation among the various actors concerned with food and nutrition problems at national, regional and international levels.

V. STRATEGIES

38. The main strategy for the ARNS is to generate action at country level through:

a) The formulation of action plans that explicitly address the felt needs of the affected communities.

b) The use of explicitly formulated conceptual frameworks that incorporate explicit levels of causality of the nutrition problem, including multisectoral causes both at the macro and micro-levels (see Annex 1).

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[2] These are the nutritional goals adopted by the World Summit for Children, the World Health Assembly and the International Conference on Nutrition and adapted to the African Region

c) Needs-oriented operational approaches directly geared at problem-solving. Such approaches encompass an assessment of the problems, followed by an analysis of the causes leading to them, and the selection of the most appropriate actions based on the analysis.

d) Community participation: the involvement of communities in the planning, implementation and monitoring of food and nutrition programmes is imperative. Only active involvement ensures sustainability, fostering self-reliance and mobilization for self-help. The strategy is to empower communities to carry out their own assessment, analysis and action cycles.

e) The empowerment of women through intensive advocacy on gender issues.

f) The empowerment of all women to breast-feed their children exclusively for four to six months and continue breast feeding with complementary food well into the second year.

g) Growth promotion and its regular monitoring to cover all under-five children by the end of the decade.

f) The development and use of relevant nutrition information systems for decision making and advocacy purposes.

g) Advocacy and social mobilization: concerted actions will have to be planned for to ensure political commitment for nutrition actions at all levels.

h) The incorporation of food and nutrition goals and objectives into national and regional development plans.

i) Strengthening of human resources development at all levels.

j) Building up national and regional institutional capacities.

k) Enhancing coordination and collaboration among sectors, supporting organizations and agencies.

l) Enhancing mobilization and management of organizational, human and financial resources, at the local, national, subregional, regional and international levels, including communities and non-governmental organizations.

39. An important strategy for the ARNS activities outlined here is that they will be part of the implementation of the Plans of Action stemming from the World Summit for Children, the

International Conference on Nutrition and other relevant initiatives which promote food and nutrition.

VI. PLAN OF ACTION

Operational objectives

40. The operational objectives are:-

i) To help develop national plans, policies, strategies and plans of action on food and nutrition issues in each country;

ii) To adequately train a core of cadres at national level capable of preparing and implementing national plans, monitoring their implementation and evaluating their impact.

iii) To ensure the creation (or strengthening) of an adequate planning, monitoring, evaluation and coordination system overseeing food and nutrition programmes at country level.

iv) To establish or strengthen food and nutrition information systems which operate and are fully utilized by local communities, as well as higher levels.

v) To ensure the inclusion of food and nutrition considerations in national or regional development plans and to use nutrition parameters as indicators of development at all levels.

vi) To foster applied and operations research necessary for appropriately resolving local food and nutrition problems.

vii) To promote food and nutrition information dissemination through education and communication activities focusing on mobilizing active participation of communities and at national, regional and international community for food and nutrition action.

viii) to develop and strengthen institutional capacity for food and nutrition at both national and regional levels.

ix) To follow-up on the implementation of the recommendations of the 1990 World Summit for Children, the 1992 International Conference on Nutrition (ICN) and other food and nutrition related declarations and programmes.

x) To consolidate an international network of African nutrition workers involved in the implementation of national plans at the same time supporting regional and sub-regional food and nutrition groups.

Areas for action in the ARNS

The following areas of action are identified, corresponding to the general objectives of the ARNS. In reality all the "areas of action" do lead to improvement of nutrition.

OBJECTIVE	AREA FOR ACTION
I. Reduction of household food insecurity	A. Household food security B. Protecting the consumer
II. Improving nutritional status	C. Caring D. Preventing infectious diseases E. Preventing micronutrient deficiencies F. Appropriate diets and healthy lifestyles
III. Increasing awareness, and commitment to allocation of resources	G. Food and nutrition research H. Incorporating nutrition objectives in development policies and programmes

A. HOUSEHOLD FOOD SECURITY

Objective: to reduce by half the number of households which are food insecure.

Specific objectives:

i. To ensure regional and national food self-sufficiency in 10 years.

ii. To improve food availability through improved food processing, distribution and marketing.

iii. To improve the economic and physical access of households to food throughout the year.

iv. To improve the national capacity for management, research and planning of food security programmes.

41. The cluster of activities described in this section are directed at addressing the problems and causes as indicated in the food security section of the conceptual model (annex 1). The achievement of household food security is the nutrition objective with the closest links to the overall development objective of national and international redistribution of wealth.

Activities aiming at achieving objective number i.: Food Production:

a. Promoting an increased production of drought-resistant crops and the consumption of a wider variety of traditional foods in urban and rural areas.

b. Reorienting agricultural policies more towards food crops for food self-sufficiency of nutritionally vulnerable groups and households in rural areas.

c. Reinforcement and maintenance of agro-forestry, animal husbandry and fisheries where appropriate.

d. Increasing soil productivity through investments and appropriate technologies which can sustain the environment, for example the irrigation and the use of local organic manure.

e. Re-examining existing land tenure systems in order to identify the constraints which affect food production and food security of households and to formulate and implement policies aimed at eliminating these constraints.

f. Encouraging policies which aim at improving access to the means of production especially for the poorest agricultural households. Agricultural credit should be easily available to the poorest populations, and in particular women who are the main producers of food in Africa.

g. Encouraging policies which aim at giving priority to food crops rather than cash crops.

h. Establishing or strengthening systems for food and nutrition surveillance to forecast the effects of natural disasters like drought e.g. the Early Warning System (EWS)

i. Ensuring that appropriate food technology is part of the agro-industry.

Activities aiming at achieving objective number ii.: Food availability:

a. Improving food storage, and marketing at household and local levels.

b. Promoting rural food processing, preservation and packaging centered around small scale enterprises.

c. Strengthening agricultural and social extension services, and ensuring access to agricultural inputs at fair prices.

d. Encouraging policies for diversification and intensification in agriculture at national and house hold levels.

e. Encouraging policies favouring drought resistant crops and applying irrigation where possible in order to ensure food security at the local level all year round;

f. Reducing post harvest losses, improving preservation processes and especially improving storage capacities and strategic reserves at the household, village national and regional levels.

g. Adopting agro-industrial strategies which best address the problems of food processing and distribution. Applied research on appropriate food technology must be part of the strategy;

h. Promoting marketing systems which are appropriate for food security.

i. Improving the road infrastructure to facilitate the transportation of agricultural produce;

j. Encouraging regional and sub-regional trade between countries through the improvement of customs and health formalities between African countries;

k. Ensuring that policies and programmes meant to address transitory food insecurity support mechanisms put in place by households themselves;

l. Encourage the possibility of monitoring food aid in certain cases, and channeling funds generated to ensure food security;

Activities aiming at achieving process objective number iii. Access to Food:

a. Increasing the income and sustaining the purchasing power of poor households through the creation of employment and other income generating activities and the enforcement of realistic urban and rural minimum wages based on the cost of minimum cost diets. Access to fair credit by small entrepreneurs is also crucial.

b. Improving the access and control of resources by women.

c. Reducing the temporary effects of Structural Adjustment Programmes, establishing safety nets for populations at nutritional risk and creating enabling environment so that they can acquire financial independence.

d. Encouraging governments to put in place programmes which empower women with regard to access to credit, land, inputs as well as education and training to enable them make independent decisions on production, processing, preservation, marketing and use of the food produced.

Activities aiming at achieving objective number iv, National Capacity Building:

a. Establishing research programmes at national and regional agricultural institutions whereby diversified local germ plasma can be used to develop many varieties of live and self-propagating seeds which can lead to domestication of increased species of plants in different ecological zones for human and animal consumption in Africa.

b. Harmonizing indicators defining food security between countries and concerned actors and sensitizing governments and policy makers to use these indicators in the conception, development, monitoring and evaluation of food security programmes.

c. Mobilizing for the participation of the community from policy formulation through to implementation.

d. Encouraging governments to ensure that adequate resources are allocated in national budgets for nutrition and food security. International Agencies are called upon to also encourage such efforts.

e. Ensuring that formulation of food policies consider demographic factors;

f. Strengthening human resource development programmes with particular emphasis on food production, processing and preservation.

B. PROTECTING THE CONSUMER THROUGH IMPROVED FOOD QUALITY AND SAFETY

Objective: To improve food quality and safety to improve health and nutritional status.

Specific objectives:

i. To strengthen food control services

ii. To ensure consumer protection

iii. To improve the national capacity for management, research and planning of food control programmes

42. The food industry in the formal and informal sectors in Africa, as well as food vending outlets of all sorts, suffer from a lack of appropriate standards of quality, safety and hygiene. The enforcement of existing legislation is weak or non-existent.

Activities aiming at achieving objective number i.: Food control services:

a. Preparing, enacting and enforcing laws and regulations on the hygienic, nutritive and toxicological quality of food based on standards of the Joint FAO\WHO Codex Alimentarius. Laws and regulations for food products must cover all aspects of food supply including hygiene, labelling, additives, standards on composition, the control of contaminants (microbial and chemical), special dietary information (such as salt iodation, fortified and enriched food products) and the control of radio-active contamination, the marketing of breast-milk substitutes ass well as food products for children, and the granting of licenses to vendors.

b. Activities on the control of food products must be integrated in the nutrition programmes of all countries, including aid programmes.

c. Establishing an inter-sectoral mechanism for coordination and consultation.

d. Encouraging national food industry to participate in the above efforts.

e. Sensitizing policy makers on the importance of the operational structure of food quality control.

f. Creating Inspection Services and food control laboratories at national and regional levels (chemical, biological, microbiological).

g. Developing uniform national standards and certification of products to be imported and exported on the domestic market in order to encourage and promote investment in the food and trade sectors.

h. Establishing surveillance of vendors of street foods and their products.

i. Regulating food product advertisement.

j. FAO, WHO and other agencies should reinforce and complement food control systems put in place by governments.

Activities aiming at achieving objective number ii.:
Consumer posection:

a. Improving the education, training and reinforcing the awareness of consumers,

producers and technical personnel including the development of information, education and communication materials;

b. Establishing systems for consumers to make suggestions at all levels and express their grievances,

Activities aiming at achieving objective number iii.: National capability:

a. In the field of human resources development:

i) Organizing training courses for technical personnel in food technology, hygiene, food control, inspection, preservation, storage and packaging;

ii) Promotion of training and exchange of expertise at the regional level must be explored.

b. In the field of research:-

i) Promoting inter-country collaboration on the training of researchers;

ii) encouraging the creation and strengthening of research laboratories in all countries with the necessary equipment and trained technicians;

iii) promoting the development of simple technologies for food quality control in all countries as an interim measure and accelerate the creation of national and regional specialized laboratories;

iv) ensuring the use of research results on food consumption as baseline data for planning actions;

v) encouraging research on traditional methods of food control.

C. CARING FOR THE SOCIO-ECONOMICALLY DEPRIVED AND NUTRITIONALLY VULNERABLE.

Objective: to improve the caring capacity of the vulnerable groups.

43. Caring for the nutritionally vulnerable groups aims at improving the cluster of underlying causes related to inadequate care of children and women.

Activities aiming at improving women conditions

a. Empowering women to control a higher proportion of household resources;

b. Promoting country-specific paid maternity leave policies in both formal and informal employment.

c. Supporting family care for children, day care centres for working mothers and alternative kinds of care;

Activities aiming at promoting exclusive breast-feeding

a. Encourage maternity facilities to take part in the " Baby Friendly Hospital Initiative " of WHO and UNICEF as described in their joint statement on protection, promotion and support of breast-feeding through improved maternity services.

b. Ensure that health and other care providers receieve relevant, up to date training on breast-feeding issues and national marketing regulations and policies including issues regarding breast-feeding and human immunodeficiency virus(HIV) infection.

c. Promoting, supporting, protecting breast-feeding and adequate weaning practices as part of government policy including legal enforcement of the International Code for the Marketing of Breast Milk Substitutes.

d. Promoting weaning foods and supplements prepared form local products, while stressing the value of fermented and enriched products in order to cover the nutritional requirements of the young child, including micronutrients with emphasis on vitamin A, Iodine, Iron and folates;

44. All this will require adequate support and advocacy from the organized women themselves, from local and national authorities, from civic and religious groups, and from NGOs.

Activities aiming at educating women and men on health and nutrition

a. Coordinating the activities related to health education and care.

b. Educating and sensitizing women and adolescents on issues of health and nutrition through informal as well as formal channels.

c. Sensitizing and educating men to make them more responsive to the needs of the family.

Activities aiming at identifying and supporting refugees, displaced persons, elderly and other socioeconomically deprived

a. Identification, within civilian population situated in zones of conflict, refugees and displaced populations, of groups needing special care including the disabled, the elderly, children and mothers and other nutritionally vulnerable groups in order to plan for the provision of their special needs.

b. Provision of sustainable assistance to refugees and displaced persons, and ensuring their nutritional well-being, giving high priority to controllling diseases and preventing malnutrition and outbreaks of micronutrient deficiency diseases in camps. Wherever feasible such assistance should encourage their ability to support themselves rather than increase their dependence on external assistance. The food provided should be nutritionally adequate and safe.

c. Promoting basic human right of refugees and displaced persons.

d. Promoting caring for the elderly through traditional forms of family support and introduction of spcial measures where needed.

e. Providing care for disabled individuals to enable them to reach their potential and become self-supporting to ensure their opportunities in education, employment and housing.

f. Increasingly, the provision of services to low income populations is becoming recognized as a need. This is particularly true for women, the landless, the handicapped, cooperatives and any other grassroots groups trying to assert their rights.

g. Mobilising the resources needed for the adequate care of those unable to make ends meet.

D. PREVENTING AND MANAGING INFECTIOUS DISEASES.

Objective: to reduce childhood and endemic diseases below levels of public health importance.

Specific objectives:

i. To strengthen policies and measures to prevent infectious diseases

ii. To develop appropriate advocacy, social mobilisation and programme communications

iii. To reinforce appropriate feeding during illness and rehabilitation

45. Preventing and managing infectious diseases is aimed at improving the immediate causes related to **diseases, inadequate diet** and the underlying causes related to **inadequate health services.** This can be done through:-

Activities aiming at achieving objective i: prevention

a. Strengthening immunization programmes.

b. Reinforcing measures aimed at ensuring the access to all people to potable water both qualitatively and quantitatively for individual hygiene and environmental sanitation.

c. Promoting safe excreta and waste disposal.

d. Improving ante-natal care including diet to prevent low-birth weight in children. Intensification of the entire MCH\FP services would go a long way to reducing low birth weight, and favour full term pregnancies.

e. Access to integrated, rationalized and equitable primary health care for the whole population, both urban and rural. This would contribute to the consolidation of results of the Universal Immunization Campaign and the fight against the big endemic diseases.

f. Incorporation of nutrition objectives into national PHC programmes and establishment of systems for monitoring their achievement.

g. Strengthening of community control over the management of district health systems and resources.

h. Ensuring the financial sustainability of national health systems, particularly PHC, during the decade to come through some form of cost-sharing.

Activities aiming at achieving objective ii: education

a. Incorporating nutrition education in training programmes and refresher courses for health personnel, placing emphasis on nutritional surveillance during pregnancy and the subsequent growth of the child, as well as on the need for nutrition information for mothers through messages as well as on the need for

cooperation among the various sectors: health, education, agriculture and those who are charged with the responsibility for managing the environment, water etc. for the elimination of infectious and parasitic diseases.

b. Intensifying public health education (formal and non-formal) for all, especially for women, as part of efforts to achieve Universal Education and Adult literacy.

c. Promoting and intensifying information and education which are general and specific to nutrition and communication.

Activities aiming at achieving objective iii: dietary management

a. Reinforcing measures which aim at promoting exclusive breast-feeding up to the age of four to six months as and continuing breast-feeding with supplementary feeding up to the second year of life.

b. Promoting weaning foods and supplements prepared from local products.

c. Promoting continued appropriate and intensive feeding of children during illness and rehabilitation.

E. PREVENTING MICRONUTRIENT DEFICIENCIES.

Objective: to progressively reduce the prevalence of micronutrient deficiencies below level of public health concern and more specifically:

i. **To reduce iron deficiency anaemia by one third in pregnant women;**

ii. **To eliminate vitamin A and iodine deficiencies;**

Specific objectives

i. **To strentghen policies aiming at preventing micronutritent deficiencies**

ii. **To reinforce measures to prevent micronutrient deficiencies**

iii. **To promote strategies for advocacy, social mobilisation and programme communication**

iv. **to develop food technologies preserve nutritive value of foods.**

46. A strong political will is necessary for the eradication of deficiency diseases, as was recommended by the World Summit on Children and the Montreal Policy Conference on Ending Hidden Hunger.

Activities aiming at achieving specific objective i: policies

a. Policy makers, technical and extension personnel at national, provincial, district and community levels should be sensitized and encouraged to establish or strengthen effective committees on micronutrients. Health, agriculture, education and other relevant personnel in the communities should work together to control micronutrient deficiencies. Strategies and actions should be identified.

b. Regional and sub-regional cooperation will be reinforced in the following areas relating to overcoming micronutrient deficiencies:

- Exchange of experiences and comparison of strategies,
- Promotion of production and exchange of foodstuffs rich in micronutrients between production and deficit regions,
- Creation of reference laboratories and the support of existing structures, in order to avoid dependency and to favour the acquisition of technology.

Activities aiming at achieving specific objective ii: prevention

a. Preventing micronutrient deficiencies aims at correcting the immediate causes related to inadequate diet and the underlying causes related to household food insecurity and inadequate care. Programmes for control of micronutrient deficiencies, especially IDD, are more amenable to immediate and effective action than those for the control of protein-energy malnutrition. Success in preventing these deficiencies will give useful experience and more confidence in tackling the general food and nutrition problems.

b. Control of micronutrient deficiencies activities lend themselves well to be linked with existing EPI and antenatal care programmes in the countries. This is preferable to the setting up new vertical programmes for micronutrients that would risk relegating other PHC activities to a second level due to funding going exclusively to micronutrient interventions.

c. Whenever information on micronutrients is not available or is inadequate for intervention measures, surveys and operational studies will be undertaken. Surveys will include an inventory of local food-stuffs and traditional recipes which favour the consumption of micronutrients. Indicators of micronutrient deficiencies will be included in nutritional surveillance programmes.

d. The use of Vitamin A capsules should be targetted to special groups like those suffering from clinical Vitamin A deficiency, measles, severe PEM, diarrhoea, tuberculosis and refugee population.

e. Anaemia is a public health problem that will be addressed from dietary aspects, disease prevention and healthy environment perspectives, as well as iron/folate medication, with emphasis on sustainability of interventions.

f. The importance of including micronutrients in food aid will be stressed.

Activities aiming at achieving specific objective iii: social mobilisation

a. Information, education, communication and social mobilisation will form part of all programmes.

Activities aiming at achieving specific objective iv: food technology

a. Important control mechanisms are diet diversification, food fortification and supplementation. Governments will carefully determine the appropriate mixture of these for each situation.

b. For IDD control, salt iodization is the most appropriate intervention; suitable legislative instruments will be prepared and enforced.

c. Encouragement of research on local production of distributable micronutrient rich foods and supplements.

F. PROMOTING APPROPRIATE DIETS AND HEALTHY LIFESTYLES.

Objective: to reduce the prevalence of diet-related non communicable diseases

Specific objectives:

i. **To foster healthy life styles**

ii. **To promote appropriate strategy for advocacy, social mobilisation and communication**

iii. **To develop adequate preventive policies including legislation and consumer action**

iv. **To develop appropriate research and training support.**

Activities aiming at achieving objective i: healthy life styles

a. Cultural determinants, including negative habits, traditions and food taboos will have to be addressed through targeting education and participatory open discussions.

b. Promotion of health, nutrition and lifestyle education at all levels of the community especially the vulnerable groups and incooporating this education in school curriculum.

c. Establishment of sport centres and recreation facilities in urban as well as in rural areas especially oriented towards women and children at the community level. Promotion of fitness as a status symbol.

Activities aiming at achieving objective ii: advocacy

a. Cultural determinants, including negative habits, traditions and food taboos will have to be addressed through targeting education and participatory open discussions.

b. Improvement of knowledge on the composition and properties of traditional food-stuffs.

c. Production and dissemination of information, education and communication materials for use by policy-makers and the community. These materials should encourage good food consumption habits.

d. Preparation of appropriate and adapted messages and use traditional communication channels through multi-media and social marketing approaches as developed by the Network for Nutrition Education in Africa (RENA).

Activities aiming at achieving objective iii: policy and legislation.

a. Pressure groups like anti-smoking, anti-alcohol and anti-drug-abuse be encouraged to exist in order to improve the capacity to combat stress and related problems.

b. Establish effective food quality control mechanisms, improve food standards and regulations.

c. Regulation of publicity of and put taxes on tobacco, alcoholic drinks and on breastmilk substitutes in conformity with the International Code of the Marketing of Breastmilk Subtitutes.

d. Government food production policies will encourage primary food processing for healthy food diets at household, national and regional levels.

e. Encouragement of food trade among African countries.

f. Development of clear dietary guidelines based on thorough understanding of local food habits and the nutritional value of the food available.

Activities related to objective iv: research and training

a. Conduct of epidemiological studies of diet related non-communicable diseases in order to increase knowledge and awareness of the public of the causes and problems linked with such diseases.

b. Provision of more support to institutions for research throughout the region in the areas of healthy diet and lifestyles, food technology and cooking practices.

c. Strengthening of training programmes in relation to healthy diets and lifestyles with particular emphasis on social sciences approach.

d. A regional and sub-regional approach is necessary for the training of food and nutrition personnel including attention to hospital dietetics.

G. FOSTERING FOOD AND NUTRITION RESEARCH CAPABILITY

Objective: Strenthening regional and national research and training capabilities in food and nutrition

47. Currently, the continent has very limited research and development capabilities and these are located in just a few national institutions. Development and strengthening of appropriate food and nutrition research capabilities for programme planning and implementation at national and regional level will be achieved through:-

Activities aiming at achieving the objective

a. Training in research and development methodologies for key personnel in relevant institutions, through a series of intercountry workshops for multi-disciplinary teams from selected countries. This training should be linked to modest research grants for competitively approved projects presented shortly after the training. Seed money for this endeavour will have to be found from international agencies.

b. Institution-building grants by international agencies to bring up-to-par the technical capabilities of carefully selected research institutes will be sought so they can better undertake research on food and nutrition issues.

c. Strengthening of formal regional networks of food and nutrition researchers and institutions (e.g. AFRONUS)

d. Initiate and encourage re-orientation of research in agriculture so as to reverse the current method of hybridisation which leads to complete loss of local diversified germ-plasma and sterile seeds. This leeds farmers to depend on external imports of seeds, agricultural inputs and services, a method which can result in perpetual food insecurity.

H. INCORPORATING NUTRITION OBJECTIVES IN DEVELOPMENT PROGRAMMES AND POLICIES.

Objective: To strengthen the food and nutrition component of national development programmes.

Specific objectives:

i. To adapt planning to food and nutrition realities;
ii. To develop policies and strategies for food and nutrition improvement;

iii. To strengthen research and training capacities;

iv. To develop collaboration at international level;

Activities aiming at achieving objective i: planning

a. Nutritional issues should be incorporated as priorities during planning of a development programme and should be monitored at every phase of implementation.

b. Decision makers and planners should understand the food and nutrition situation in their countries, and be made aware of the best way to incorporate food and nutritional issues in development planning, using a multisectoral approach.

c. Government development programmes used should be geographically dispersed in order to discourage harmful rural-urban migration.

d. The conservation of natural resources and environmental factors affecting nutrition should be considered in development planning.

e. Nutritional status assessment as a measure of impact need to be incorporated into all development statistics. In addition, other indicators related to nutrition status as adequacy of energy supply, caring capacity status of women, access to vital

services (health, education water), morbidity and mortality patterns need to be included as measures of development programmes.

f. Collection of baseline data, regular monitoring of food and nutrition situations need to be given priority to provide data for situation and impact assessment of

the development process and for planning purposes, and incorporate where possible, indicators that are already included in the regular data collection.

Activities aiming at achieving objective ii: policy

a. Governments need to consider subsidies of food and inputs in areas identified as disadvantaged. Other sources of support, such as soft loans for poor and small scale farmers could also be utilised whenever preferable.

b. A multisectoral approach to development should be adopted by showing the contribution of all sectors for better nutrition.

c. Macro-economic policies such as commerce and exchange rates should be designed to provide adequate food for the nation. Furthermore, measures should be taken for an equitable income distribution in countries so that every one in the communinity, the most vulnerable groups in the society included, can have access to food.

d. Policies, particularly those concerning food, nutrition and agriculture, should be explicit, with specific objectives on nutrition, benefits to be derived from it, strategies and time required for implementation. Sectoral policies should complement each other.

e. Capacity building in the country should address the totality of the food and nutrition problems and bring about the conceptual framework for the formulation and analysis of connected policies.

Activities aiming at achieving objective iii: research and training

a. Universities and food and nutrition research institutions have a major role to play in the planning and orientation of research so as to provide decision makers with the necessary elements for preparing development plans and programmes. They must also train the professionals of the various disciplines.

Activities aiming at achieving objective iv: international collaboration

a. At the level of the continent, regional and sub-regional organizations (OAU,

WAEC, ECOWAS, SADCC, etc) should include food and nutrition components in their programmes, and should participate in various meetings and workshops on the subject.

b. At the International level there should be consultations between the international organizations and funding agencies for an effective application of the results of the ICN in the various countries.

VII. MONITORING AND EVALUATION

48. The monitoring process will ideally follow the suggested analytical model approach of assessment, analysis and action at all levels.

49. Monitoring and evaluation is a responsibility of the national coordination bodies set up. Support from sub-regional/regional organizations will be made available as needed, to start with through ad-hoc training of national officers in monitoring and evaluation techniques.

50. The annual review of activities is to be carried out with a special emphasis on assessing progress in community-based activities.

(a) Sub-regional country meetings will be held yearly to review progress in the implementation of this Programme.

(b) National plans of action to be formulated will require follow-up as well.

51. National plans of action will, therefore, specifically identify a priori bench-marks and indicators of progress to be used in the budgeting process.

52. Governments must put in place or strengthen information, food and nutrition monitoring systems which are integrated with early warning systems and specifically take into account the most vulnerable population and zones and risks.

53. A multidisciplinary and multisectorally composed government lead agencies for food and nutrition should be established. Among other functions, it should oversee the assembling, collection and dissemination of information on nutrition, making the best possible utilisation of existing data (including its proper analysis) and monitoring the data collection process. The agency should include representatives of ministries, academia, NGOs, multilateral and bilateral agencies. Its technical set-up will depend on the administration of each country.

54. Food and nutrition surveillance systems set up will start providing relevant information on trends and on the impact of activities undertaken and may need periodic readjustments.

55. Annual reports are expected from this activity with plans for implementing corrective meaures. Copies will be made available to the respective supporting agencies.

56. There will be a mid-term and final review of the decade activities.

VIII. RESPONSIBILITIES IN IMPLEMENTING THE PLAN

57. Implementation of the Strategy plan will be the responsibility of:

i) **At national level**: All relevant institutions of government, coordinated through existing or newly in place bodies and mechanisms including the ICN focal points and the focal points for the follow-up on the World Summit for Children; the same bodies will be responsible for coordinating the support offered by other organizations in the country.

ii) **At sub-regional level**: Specifically selected institutions in each of the four subregions, especially for purposes of coordinating the human resources development programmes envisaged

iii) **At regional level**: A Secretariat, based in the OAU with no authoritative mandate but a supportive role. The African Regional Task Force on Food and Nutrition Development - which comprises all UN agencies active in food and nutrition in Africa, together with the OAU and interested bilateral, and non-governmental organizations-will continue to review and guide the Programme activities annually. The Task Force will add to its membership at least two national representatives from each of the subregions on a rotating basis. In addition, the Task Force will develop a coordinating mechanism for purposes of advocacy and support.

Outcomes:

58. **By the end of the decade, at least the following outcomes are expected at country level:**

1) **Human resources will have been trained and will be in place as required for programme implementation.**

2) **Community, national and international resources, (human, financial, material and organizational) will have been mobilized assuring the sustained implementation of the programmes beyond the decade.**

3) **National plans of action aimed at improving the food and nutrition situation will be fully operational, particularly as regards community-based programmes.**

4) **Monitoring and evaluation systems will be operational.**

IX. PREPARATION FOR AND LAUNCHING OF THE ARNS PLAN

59. This Decade Programme has been adopted by all OAU member state. The ARNS will be launched following the guidelines for International Decades as adopted by the General Assembly Resolution 42/171 (UN 1988). The objective of the ARNS is a concerted effort to alleviate the food and nutrition crisis in Africa, which meets the UN criteria set in that resolution. This Programme was timed so as to start right after the International Conference on Nutrition of December 1992.

The OAU, will transmit to the UN Assembly the ARNS Programme following standard procedures through the Sub-Committee on Nutrition of the UN Administrative Committee on Coordination (ACC/SCN) for transmission to the ACC and thence to the UN Economic and Social Council and the General Assembly of the UN, according to the procedures laid down in General Assembly Resolution 42/171 (1988).

Progress report on the implementation of the Programme will be submitted to the OAU Summit and the General UN Assembly every two years.

X. MECHANISMS FOR IMPLEMENTATION OF THE ARNS

At the Abuja Summit in June, 1991, the OAU heads of State and Government signed the Treaty establishing the African Economic Community (AEC). By this treaty, the OAU is to strengthen and coordinate the activities of the Regional Economic Communities (REC) in the process towards the AEC.

The African Regional Nutrition Strategy (ARNS) already calls for such coordination within the RECs on the activities towards improving the national and household food security, nutrition, health and care of communities in the continent. Hence the ARNS supports the terms of the Treaty establishing the AEC.

As the ARNS comes into effect, the OAU would have already created and staffed the Nutrition Section within its Health and Nutrition Division and within the OAU regular budget.

It is understood that, as planned, the Strategy will require overall support for a more in depth planning and implementation of the respective food and nutrition activities especially at decentralized levels.

At Community Level

Community inputs are indispensable for the implementation of the interventions planned in the ARNS programme. It is, therefore, necessary to commit these communities to such tasks through intensive advocacy utilizing IEC principles to mobilize people to join the process. This process should mobilize communities in the spirit of self-help and self-reliance with additional

financial and technical support coming from Government, NGOs and bilateral and UN agencies. Negotiation skills are crucial to seek such support.

At National Level

National support is also indispensable for the success of the ARNS programme. Raising awareness about the importance of the programme among policy and decision makers is a must to ensure the political will and commitment needed for such a success. Countries will be reviewing their food and nutrition policies following the steps proposed in the ARNS Programme and this activity requires a sanction from the highest level.

At National level, institutional integration and coordination are essential for a successful management of the ARNS Programme.

Training of trainers for ARNS Programme activities is another crucial input to ensure the adequate achievement of its objectives.

National plans will not be cheap and will require mobilizing extra financial and material resources from national budgets. UN and bilateral agencies and NGOs can only help if governments have done their part and have committed their own resources first. Implementation of the ARNS Programme will thus in most cases mean reallocation of financial resources and priorities. The only way this can happen is for food and nutrition plans to become part and parcel of overall national development plans.

At Regional Level

By far, most activities of the programme will take place at country level. Mechanisms at regional and sub-regional levels will be strengthened just to support coordination and monitoring of activities at country level. It is, therefore, foreseen to set up a small Secretariat, based in the OAU, as the regional coordinating body and sub-regional support centres which will support the planning, coordination, monitoring and evaluation of the ARNS activities, particularly at the initial stages. UNDP support is being requested for the establishment of this small secretariat, the structure of which will be determined later after further consultations. More sensitization of the international community will be required, especially contacts with donor countries, to stimulate their participation in the process too.

At the international level

The African Task Force on Food and Nutrition Development and the donor community including governmental and non-governmental organizations (NGOs) working on food and nutrition in Africa will be expected to cooperate and support the decade activities and coordination mechanisms at all levels

Annex I

LIST OF SOME FREQUENTLY SEEN CAUSES OF MALNUTRITION GROUPED BY SECTOR

Access to food-related causes

Inadequate access to food:
- physical access: insufficient production and/or transport to consumer centres;
- economic access: low income, high prices, credit constraints.

Poor food storage at various levels of the food cycle.
Excess post harvest losses.
Insufficient access to fertilizers and other agricultural inputs.
No access to irrigation.
No access to improved agricultural technology.
Concentration on cash crops at the expence of food crops.

Health- related causes

Recurrent infectious/parasiticillnesses, especially among children(diarrhoea and respiratory infections, malaria and intestinal worms).
Low birth weight
Low level of perinatal care and family planning services utilization
Low levels of immunization

Poor environmental sanitation conditions
- unsafe and inadequate water supplies
- inadequate community and household fecal waste disposal
- poor food hygiene

Child Care-related underlying causes

Inadequate dietary and feeding practices.
- decline in breastfeeding
- increase in artificial feeding (especially in cities/towns)
- poor weaning practices (including long feeding intervals, low caloric density foods and cultural food restrictions)
- adverse practices around child-birth and poor child hygiene.

Low social status of women and low levels of maternal literacy.
Heavy workload of women and still limited control of resources.

Annex II

DETERMINANTS OF THE FOOD AND NUTRITION SITUATION

1. Malnutrition is a result of structural problems in society which determine the levels of food intake and disease vulnerability of the different strata in that society. According to the analytical framework in Figure 1, such determining factors can be analyzed at three different levels of causality as follows:

Immediate Determinants

2. The immediate causes of malnutrition are inadequate intake of food and diseases especially diarrhoea and other infectious/parasitic diseases. If the food intake and disease patterns are known, it becomes easier to select among strategies to improve the situation.

Inadequate Food Intake

3. In most countries in Africa, the diet consists of (and is dominated by) a basic staple food supplemented by complementary foods usually in the form of a sauce or stew. Staples such as maize, plantain, cassava, potatoes, rice, sorghum and millet are the main source of energy (carbohydrates). Complementary foods provide additional energy, protein, fats, vitamins and minerals.

4. At the individual level, food intake is influenced by intra-family food distribution and the health status of the individual members and, for infants, by the energy density of weaning foods and the frequency of feeding. These are important aspects of child care. (UNICEF 1988).

5. Most of the starchy staples are used in the preparation of weaning foods. These often end up being too bulky and filling for children. Unreliability in the food supply and shortages of water and fuels for cooking, lead to heavy workload of women which, in turn, leads to low feeding frequency of children who thus end up not meeting their daily energy requirements.

6. A general pattern is for infants and children to be given foods rather infrequently (often only twice daily) and these gruels or paps are of very low nutrient density and may be contaminated. This combination easily leads to a vicious circle of malnutrition and infection. Furthermore, food habits or restrictions in the community sometimes prevent the use of available local nutritious food resources, such as fish, eggs and beans for weaning purposes.

7. Malnutrition is also particularly prevalent in pregnant and lactating women due to insufficient dietary intake, intercurrent infections and heavy workload.

Food quality and safety

8. Foodstuffs in African markets, shops and homes may be of poor quality due to a number of factors:

- Poor physical quality;
- Chemical contamination;
- Bacterial or parasitic contamination;
- Mycotoxin contamination;
- Rapid rotting;
- Other biological contamination, e.g. by rodents and insects;
- Poor quality control of industrial or cottage-industry food products.

9. Moreover, a number of foods are consumed which have inherent toxic qualities if not properly processed, e.g. cassava containing cyanogenic glycosides can release cyanides causing death. Likewise, certain pulses have anti-digestive substances. Particularly in times of food shortage and famine, these foods may be more frequently used, or used by subjects (e.g. children) not familiar with their dangers or processing requirements.

All of these factors are potential hazards to health or nutrition, causing food poisoning with diarrhoea/vomiting which is common throughout the continent, the causes often not being apparent.

Diseases

10. Diarrhoea, and infections such as measles and other immunizable diseases, as well as acute respiratory infections, tuberculosis and more recently AIDS, are highly prevalent and have significant impact on nutritional status. Most diseases affect intake, utilization and absorption. Loss of appetite, in particular, requires increased caring efforts to feed the child. Measles epidemics can lead to fatality rates as high as 50% in malnourished populations. There are also infestations that are nutritionally significant such as malaria, hookworm, ascariasis, strongyloidiasis and schistosomiasis.

Annex II

UNDERLYING DETERMINANTS OF INADEQUATE FOOD INTAKE AND DISEASES

National and Household Food Insecurity

11. More than 20 countries in Africa are repeatedly in the FAO list of food-deficit countries. In them, the majority of urban and rural households simply do not get enough to eat day in day out - at least seasonally - and more so during poor harvest years.

Countries with estimated average per capita daily energy supplies below 95% of their requirements are the ones with highest rates of moderate and severe malnutrition (UNICEF 1990).

Countries which have lowest daily per capita calorie supplies (between 70 to 90 per cent of requirements) include: Ethiopia, Somalia, Sudan, Mozambique, Rwanda, Zambia, Angola, Sierra Leone, Chad, Cape Verde, Senegal, Guinea, Mali, Niger, Burkina Faso, Ghana and also Nigeria and Sao Tome.

National food insecurity in Africa is determined by a number of factors all related to food production, supply/availability and accessibility as discussed below (Maletnlema 1988, Nur 1988, Rukuni et al 1990, UNICEF 1990).

12. In general, non-equitable land tenure systems and restricted access to the means of production militate against small-scale farmers who comprise about 90% of all agricultural producers. More significantly, land tenure systems vary greatly in the continent, even within countries. But the common situation is that a strong hold on rights to use land is still largely vested with traditional leaders. Farmers who remain permanently landless have families with high rates of malnutrition. Often land is worked by tenant farmers who pay a substantial portion of the produce to the landlord. Women most often are not given the right to own land. Moreover, availability of credit is low and credit is often unavailable to small farmers, especially women.

13. Those without land ownership rights are unlikely to make much effort for land and soil conservation practices, reforestation, etc.. Hence, the risks of land degradation and declining food productivity.

14. Plantation agriculture in prime lands is still prevalent, especially in cash cropping. This is aggravated by unsatisfactory availability and high prices of agricultural inputs for small-scale farmers (especially women who have limited access to education and no say on development matters) and by poor agricultural policies that do not address nutrition issues. High urbanization trends which are on the increase drain off vital labour resources from rural areas. Inadequate infrastructures including poor transport, poor storage/processing/marketing and distribution, all contribute to food unavailability. Likewise, there is limited application of research findings addressing problems of farmers.

15. The political will towards the production of food to make "FOOD FIRST" is almost non-existent leading to inadequate investments in agriculture and food production by national governments and external institutions. Food self-sufficiency remains a dream in most African countries with limited coordination and cooperation materializing among African countries on this issue. The powerlessness of the food producers themselves compounds this problem.

16. Environmental factors like drought have affected large parts of the continent causing famine, malnutrition and much loss of life, especially in Ethiopia, Sudan and other countries in the Sahel. Other environmental hazards include floods, torrential rains and locust outbreaks. All have seriously disrupted food and agricultural production at some time. (FAO 1990, 1989 World Bank 1990). Desertification in the Sahel, in North Africa and in parts of Eastern and Southwest Africa is advancing rapidly further affecting food production in those areas. (FAO 1990). With poor and erratic rainfall and with a limited irrigation capacity in Sub-Saharan Africa, food production has not reached its potential.

17. Household food insecurity arises mainly from poverty. Poor household food planning, wrong choice of crops, poor crop management, storage losses and shortage of inputs compound the problem in rural areas. Limited disposable income to buy food as income generating activities and paid employment are scarce is the key determinant of household food insecurity in urban areas (UNICEF 1990). Indicators of household food security will, therefore, at least be partly different for urban and rural populations given the different degrees of monetization of their economies.

Annex II

Inadequate Care for Children and Women Support

18. Deficiencies in care have importantly contributed to the poor nutritional status of women and children due to the following major reasons:

The traditional African extended family system for child care is rapidly disappearing in the continent, especially in urban areas. Day care and child feeding facilities and services in urban and rural areas are rare. Infant and child feeding, including breast feeding (Particularly exclusive breast-feeding during the first 4 - 6 months of age) and weaning foods, still pose problems with the duration of breast-feeding decreasing as urbanization and women's employment grow (UNICEF 1989, 1990). The declining trends in breast-feeding need to be reversed since breast-feeding provides the child with non-contaminated adequate dietary intake, with prevention against infectious diseases and with 'tender loving care'. In addition, prolonged breast-feeding serves to balance diluted weaning foods. The use of commercial breast-milk substitutes has greatly contributed to the declining trend in breast-feeding, particularly in urban areas. The International Code of Marketing of Breast-milk Substitutes needs to be ratified, adopted, implemented and enforced by all countries in the continent. Women have a very heavy daily workload which limits their time for proper child care (and self-care), including quality and frequency of feedings and the seeking of preventive and curative health care. (UNICEF 1990, FAO 1977). The limited control of resources such as land, time and credit by women further adversely affects their overall caring function and capacity in the family.

Inadequate Access to Essential Services

19. Limited access to health and other social services also affects the overall food and nutrition situation of the households. The provision of these essential social services shows signs of deterioration across the continent.

20. Access to health and other social services remains low in most countries with considerable urban/rural disparities. In sub-Saharan Africa, only about 40% of the total population has access to health services. Between 1985 and 1987, health services coverage averaged around 80% in urban areas while it averaged only 30% in rural areas. (UNICEF 1990). Primary health care at community level has received more lip-service than funding. It is supposed to widely involve village development committees, village health workers, traditional healers and traditional birth attendants. Immunization coverages and availability of essential

drugs are low. Inadequate maternal care (perinatal, natal and postnatal) and inadequate child spacing services have resulted in the persistence of frequent births and high maternal and infant mortality.

21. In most African countries, the infrastructure for the delivery of health services is spread thin, including the deployment of personnel. Moreover, health workers prefer to work in urban areas leading to acute shortages of staff in the rural areas.

22. The low level of general education, especially for girls, contributes to a situation of limited access to knowledge and limited exposure to modern technology. Between 1970 and 1984, school attendance of children up to fourth grade averaged only 71% (World Bank 1990). Secondary school, college and university enrollment was even lower and more skewed against the poor. In 1985, the adult literacy rate in those low income African countries was estimated to be only 51% (World Bank 1990).

In more specific terms, curricula of the full education systems in most sub-Saharan African countries contain in insufficient information on food and nutrition issues. Preliminary efforts to strengthen curricula in these contents are under way in some African countries (FAO 1990, ECSA 1990).

23. Inadequate supplies of clean water and of environmental sanitation services over most of the continent limits even basic personal and food hygiene to the point of increasing the risk of disease. This largely arises from the use of contaminated drinking water sources (lakes, rivers, wells, springs and ponds). WHO(1990) reports that access to potable water in Africa averaged 75% in urban areas, but only 46% in rural areas in 1988.

'Women and children have to trek long distances every day to fetch water. This time-consuming, workload-intensive activity of women lessens the time available for food production, for food preparation, and for child care. As well as for their own adequate and deserved rest. All these factors adversely affect women's and children's nutritional status. The situation is worsened by the limited and dwindling availability of household fuels which must be fetched from further and further away. The use of inefficient stoves further compounds the problem prolonging cooking times and making the boiling of water for drinking purposes almost an impossibility.

Annex II

24. The coverage of faecal disposal facilities in the continent estimated at 66% in urban areas and only at 7% in rural areas (WHO 1988). This directly affects the incidence of faecal-borne diseases raising morbidity and worsening the environmental sanitary situation.

BASIC DETERMINANTS OF HOUSEHOLD FOOD INSECURITY, INADEQUATE CARE FOR CHILDREN AND WOMEN SUPPORT AND LOW ACCESS TO ESSENTIAL SERVICES

a) Ecological Determinants

25. In Africa, environmental degradation is a major determinant of ill-health and malnutrition. Deforestation, erosion and desertification are reaching alarming proportions bringing about some undesirable climatic changes.

26. Poor households are pushed daily to get scarcer and scarcer fire wood in order to survive. Rapid expansion of cropping into marginal, ecologically-fragile areas is compounded by the pushing of livestock to more and more drought-prone and equally vulnerable ecological zones. All this increases long-term food insecurity due to cyclical crop failures and animal losses.

27. Droughts have worsened the situation further. Originally mostly confined to the Sahel, droughts have now spread to many areas in Western, Central, Eastern and Southern Africa. At least 36 countries have been affected. In them, millions of people have died as a result.

28. Additional emerging problems are those of environmental pollution, pesticides entering the food chain, waste dumping, raw sewage disposal and heavy metal pollution through industrial wastes. The whole question of environmental food safety has been mentioned elsewhere.

b) Economic Determinants

29. Poverty is widespread in Africa, especially in rural tropical areas where, according to the World Bank (1990), 65% of the population lives below absolute poverty levels.

Annex II

Africa's mounting debt burden is one of the most oppressive constraints on its development. Many new loans have merely gone into servicing debts and not into new productive investments fostering the rehabilitation of its economies. Nearly half of the value of the region's exports is merely used to servicing the debt. Per capita incomes in the region are among the lowest in the world. The living standards of most of the continent's population have worsened in the last decade. Deteriorating terms of trade for Africa's primary exports have been the rule with the costs of imported goods have risen relentlessly. High interest rates and growing protectionism in developed countries plus declining southbound capital flows have sharply reduced Africa's capacity to keep up its national development. All this has resulted in a serious deterioration of the nutritional situation in Sub-Saharan Africa.

30. Moreover, the fundamental root causes of under-development, ill-health and malnutrition have not been addressed comprehensively at national level. Most African countries are undertaking Economic Recovery Programmes (ERP) along with trade liberalization and high devaluation of local currencies leading to declines in household income, in household purchasing power, in access to food, to health, to education and to other social services. Poverty is thus the universal underlying factor of most malnutrition in Africa.

(c) Political Determinants

31. The colonial heritage of most African countries has, no doubt, contributed a fair amount to the causes of malnutrition. The allocation of the best land to cash crops has not changed significantly since colonial times. Social and economic structures still favour the flow of resources from Africa to the North.

32. Several drastic political changes in the continent have resulted in civil wars, crippling economies and disrupting food production, marketing and distribution systems. To date, some of these conflicts are still going on. One immediate effect of such conflicts is the increased population of displaced persons. Twenty years ago, there were less than half a million refugees in Africa; today, one of every 50 Africans is a refugee. Most of them have severe food and nutritional problems.

33. Inadequate policies and governance, even in politically stable countries, have widely contributed to the problem of malnutrition. Current structural adjustment programmes imposed by the IMF, though sometimes showing some results at the macro level, have often

Annex II

resulted in a deterioration of the social services offered to people with consequent negative effects on their nutritional status. Real wages have fallen and cuts in real public spending are evident. Credit has been scarcer and countries have experienced sharp currency devaluations and high interest rates.

34. In some countries of Sub-Saharan Africa, a break-down can be seen in their administrative machinery in part due to falling state financial and manpower resources. The situation is particularly critical in the Horn of Africa.

35. Limited peoples' participation in governance has hindered efficient resources utilization and is cause of low morale. It has also led to low productivity and unwillingness of communities to mobilize their own resources for essential services and small scale infrastructural projects. Government responsiveness to public demands - crucial for effective accountability - has been poor.

(d) Demographic Determinants

36. In 1989, the population of Africa was estimated to be 628.5 million. It is growing at an average annual rate of 3%. The population density is high around the Equator, the Mediterranean and in Southern Africa. This increase pressures on land in a way that coming generations are doomed to become landless. High population density also increases ecological damage.

37. Children under 15 years make up about 45% of the population while 10% of the population is over 65 years. This leaves a productive population of only 45%. Fertility rates average 6.5% (UNICEF 1989, World Bank 1989). The high growth rate of the population is mediated by frequent births with its negative impact on the nutritional status of women. Moreover, the high dependency ratio, coupled to urban migration, in part explain the fact that only a small proportion of the population is fully agriculturally productive. Nearly a quarter of the population in Africa lives in urban areas (with annual increases of 8%).

(e) Cultural Determinants

38. Culture and traditions have an impact on nutrition. This impact can be negative at times, especially for women and children. In fact the subordination of women in Africa, legitimized by male-dominant traditional ideology is a major factor of women and child

malnutrition. As a consequence, customarily, rural women perform hard domestic and field tasks including economic production. These women not having enough time to take care of themselves and of their offsprings, eventually leads to higher rates of malnutrition.

Furthermore, some cultures forbid women and children to eat certain quality foods (most often animal protein-rich foods) while others prescribe certain meal patterns and feeding frequencies.

Apart from the serious issue of women subordination, most cultural practices are positive, though, in that they give priority to the care of young children, of the elderly, of the poor and the sick, at the same time giving support to the extended family system. All this mostly has positive nutritional implications.

39. It is through all these mechanisms that basic causes ultimately result in the deplorable food and nutrition situation we see in the continent in the 1990s.

Annex III

EXPERIENCES FROM RECENT NUTRITION PROGRAMMES

40. Many past and present nutrition programmes have been undertaken at community, national and regional levels. Some lessons learned are presented here as a contribution to Decade on Food and Nutrition.

Community Level

41. The mobilization of communities for the assessment, analysis and self-reliant action to improve the nutrition situation has been poor.

42. People need to be active participants-in rather than passive recipients of development initiatives. Poor people have developed remarkable coping mechanisms that have worked as evidenced by their survival under sometimes extreme hostile social, economic and ecological conditions. Empowerment and de-facto mobilization of communities has been crucial for their active and genuine participation. Participatory planning through early dialogue and feedback is the first step of mobilization. Passive hand-down of services has not empowered communities. Non-governmental organizations and community-based programmes need to be linked to the government efforts for an effective expansion to take place. Bamako Initiative-type determined community mobilization needs to supplement traditional African grassroots cooperation to encompass activities related to food and nutrition.

43. Grassroots mobilization for nutrition activities has been successful in Tanzania, Ethiopia, Somalia and Niger where malnutrition rates have been significantly reduced through WHO/UNICEF-supported Joint Nutrition Support Programmes (JNSP) activities and through the UNICEF-supported Child Survival and Development (CSD) activities. Community-based nutrition surveillance programmes in Botswana, Ethiopia, Mali, Niger, Senegal, Togo and Tanzania have also shown encouraging results.

National Level

44. Food and nutrition programmes in most African countries are run by the government with some help from UN and bilateral agencies, as well as NGOs.

Annex III

45. Within countries, the mechanisms for tackling nutrition problems either sectorally or inter-sectorally, have not been very strong. Food production issues are dealt with mainly by ministries of agriculture or rural development; storage, processing and marketing by a host of ministries, parastatals and private sector entrepreneurs.

46. Nutrition issues are hardly considered at the policy-making level. In health ministries, nutrition is usually a lower priority activity in the MCH programme. Ministries of education formulate curricula on food and nutrition independently, often reflecting outmoded approaches. It is most probably ministries of planning that should provide orientation, coordination and balance to food and nutrition related activities. In most countries, vulnerable groups need to be further targeted geographically and socio-economic group to be able to direct resources at them more efficiently. Ministries of Planning need to bring together expertise in food economics and nutrition so that nutrition becomes an explicit development goal.

47. Inter-ministerial mechanisms for food and nutrition coordination are often inadequately set up to deal with shared or apportioned responsibilities. The Ministry of Planning seldom is the coordinating body. Other ministries do not have the power to spearhead this coordination. Inter-ministerial Committees, often manned by mid-level technicians, do not have power of decision - or direct access to it. Their meetings risk to become more a forum for airing ideas than a place to make important decisions. (Assessment and analysis without action!).

48. Some countries have developed explicit national food and nutrition policies, strategies or plans, but they are often too general with no well worked out sectoral or inter-sectoral plans of action. In many countries, it is the combination of a number of sectoral policies and the actions which stem from them, which constitutes, in effect, an informal national nutrition policy. Where such policies exist, they are often related to vertical programmes with no role planned for ongoing community action. Thus the question of sustainability almost always arises. This proposed ARNS Programme will, therefore, insist that national food and nutrition policies and plans of action avoid the shortfalls here recognized.

49. Recently, FAO has been supporting country-level food security and food strategy programmes. These programmes have included food reserves, early warning systems, food marketing and food security strategies (FAO 1990). Other areas of FAO support have included food policy and planning, training, food control and consumer education.

Annex III

50. Activities in the control of micronutrient deficiencies and primary health care related activities have been supported by UNICEF, WHO, the World Bank, FAO and other cooperating agencies and groups (World Bank 1989) such as the International Council for Control of Iodine Deficiency Disorders (ICCIDD) and the International Vitamin A and the Anemia Consultative Groups.

51. Nutrition surveillance activities have been undertaken in several African countries. Major activities have included data collection and analysis for decision making. With a few exceptions, like those of Botswana, Ethiopia, Madagascar, Mozambique and Tanzania, most of these nutrition surveillance projects have failed. They have failed to influence decision making.

Regional Level

52. Several international organizations including FAO, UNDP, UNICEF and WHO have sponsored major regional and sub-regional r settings and training programmes, mostly of short duration, in the same fields as already mentioned for the national level.

53. There have been few food and nutrition programmes undertaken base on regional cooperation. Currently, there are regions in Africa that have made an effort to include food and nutrition components in their plans. The Southern African Development and Coordination Conference (SADCC) plan has strong food security, energy and transport programmes. The Preferential Trade Area group (PTA) focuses on inter-country trade including the trade of food-stuffs in East, Central and Southern Africa. The Economic Cooperation for West African States group (ECOWAS) also encourages inter-country cooperation including cooperation on food and nutrition issues. The Organization of African Unity (OAU) along with the Economic Commission for Africa (ECA) have traditionally dealt with some food and nutrition issues. The FAO/WHO/OAU Regional Food and Nutrition Commission for Africa has held four sessions, but none since 1986. Since 1987, there have been regular annual meetings of the FAO/UNICEF/WHO Technical Group on Nutrition, an inter-agency coordinating group. In 1988, a broader group, the African Regional Task Force on Food and Nutrition Development was set up incorporating all UN Agencies involved in food and nutrition activities in Africa plus the OAU and interested bilateral and non-governmental organizations. It has now held 4

meetings. It was the second session of the Task Force that proposed an International Decade for Food and Nutrition in Africa (IDFNA) and the Third Session proposed the Arusha Drafting Committee meeting with UNICEF/WHO/FAO support. Other cooperation in food and nutrition among African countries include the East, Central and Southern Africa (ECSA) Cooperation and Nutrition Group which deals with in-service food and nutrition training and with some other discrete interventions. In addition, the African Council of Food and Nutrition Sciences (AFRONUS) which was created in 1988 and is in the process of becoming fully operational, plans to be involved in various food and nutrition activities all over Africa under the auspices of the OAU. There is also the Association of African Universities and the African Chairs of Technology which can be useful in planning nutrition interventions. The Association of African Universities has collaborated with UNU in supporting higher level training in nutrition.

54. These bodies dealing with food and nutrition issues require much additional support during the ARNS as they represent major institutional actors in the food and nutrition arena. Support to these groups by donors has been regrettably small.

International Level

55. At the more international level, in Africa the main actors in the food and nutrition arena have been the United Nations Agencies, regional and bilateral agencies, non-UN financial institutions, multilateral and non-governmental organizations. These agencies have been involved in broad policy issues, in programme planning and management, in direct intervention programmes (IDD, Vitamin A, Feeding Programmes), in food aid and relief operations, in training and in research. FAO has been strengthening ministries of agriculture and promoting rural development while WHO supported Ministries of Health and primary health care approaches. UNICEF has been strengthening all types of social services related to the welfare of children and women.

56. There is increasing coordination and collaboration among the agencies working on nutrition programmes in Africa. Major constraints to their work include poor integration, limited manpower and limited other sources. For inter-agency coordination to work better, individual countries themselves need to develop stronger mechanisms to demand coordinated and more transparent external inputs.

Annex III

57. The World Summit for Children in New York adopted an ambitious series of human development goals for the 1990s and agreed to prepare a plan of action in 1991. The overall aim was to take needed actions to end unnecessary child deaths and malnutrition. More specific goals relating to nutrition are given in this ARNS document.

58. Globally, FAO and WHO have convened an International Conference on Nutrition (ICN) in December 1992 in which all countries have participated. Countries are preparing individual analyses of the nutrition situation in their countries and submitting proposals for national and regional strategies to improve it. Two regional meetings (one Anglophone, one Francophone) were held early 1992 to coordinate Africa's inputs to the ICN. In their World Declaration on Nutrition, countries attending the ICN called on the United Nations to consider urgently the issue of declaring an International Decade of Food and Nutrition. Recognising the deteriorating status of Food and Nutrition situation in Africa, the international community has strongly commended and supported the OAU development of an African Regional Nutrition Strategy, in cooperation with FAO, WHO, UNICEF and other relevant international organizations.